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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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7590 09/15/2004
JANE MASSEY LICATA
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09/15/2004

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Date of Deposit **September 30, 2004**

10/04/2004 LWONDINH 00000028 09426548

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By Kathleen A. Tyrrell
Typed Name: Kathleen A. Tyrrell, Reg. No. 38,350

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/426,548	10/22/1999	DAVID ROBBINS	DEX-0054	2041

TITLE OF INVENTION: NOVEL MUTATIONS IN HUMAN MLH1 AND HUMAN MSH2 GENES USEFUL IN DIAGNOSING COLORECTAL CANCER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	12/15/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
WOITACH, JOSEPH T	1632	435-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Licata & Tyrrell P.C.
Nathan P. Letts, Ph.D.
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

diaDexus, Incy

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

South San Francisco, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 12

4b. Payment of Fee(s): **\$1,666.00**

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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Kathleen A. Tyrrell

Date

September 30, 2004

Typed or printed name

Kathleen A. Tyrrell

Registration No.

38,350

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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TRANSMITTAL LETTER
(General - Patent Pending)

Docket No.
DEX-0084

In Re: Application Of: **Robbins et al.**

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
09/426,548	October 22, 1999	Woitach, Joseph T.	32800	1632	2041

Title: **Novel Mutations in Human MLH1 and Human MSH2 Genes Useful in Diagnosing Colorectal Cancer**

COMMISSIONER FOR PATENTS:

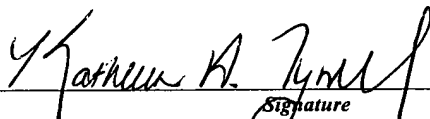
Transmitted herewith is:

Amendment Transmittal Letter
Amendment Under 37 C.F.R. §1.312 (a)
Part B-Fee(s) Transmittal
USPTO Credit Card Payment Form authorizing payment in the amount of \$1,666.00 for issue fees
Certificate of Mailing via Express Mail Label No.: EV505928135US

in the above identified application.

- ☒ No additional fee is required.
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- ☐ Payment by credit card. Form PTO-2038 is attached.

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Signature

Kathleen A. Tyrrell, Reg. No. 38,350

Dated: September 30, 2004

Licata & Tyrrell P.C.
66 East Main Street
Marlton, New Jersey 08053
Tel : 856-810-1515
Fax: 856-810-1454

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(Date)

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Typed or Printed Name of Person Mailing Correspondence

CC:

AMENDMENT TRANSMITTAL LETTER (Large Entity)

Applicant(s): Robbins et al.

Docket No.

DEX-0054

Application No.

09/426,548

Filing Date

October 22, 1999

Examiner

Woitach, Joseph T.

Customer No.

32800

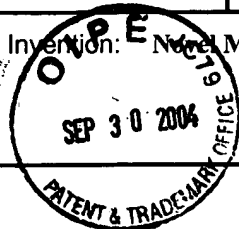
Group Art Unit

1632

Confirmation No.

2041

Invention: Novel Mutations in Human MLH1 and Human MSH2 Genes Useful in Diagnosing Colorectal Cancer

**COMMISSIONER FOR PATENTS:**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	15 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

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- ☐ Please charge Deposit Account No. _____ in the amount of _____
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Kathleen A. Tyrrell, Reg. No. 38,350

Dated: September 30, 2004

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Marlton, New Jersey 08053
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